October 11, 2004

Re: MDR #: M2-05-0011-01
IRO #: 5055

Dear ___

In accordance with the requirement for TWCC to randomly assign cases to IROs, TWCC assigned your case to ___ for an independent review. ___ has performed an independent review of the medical records to determine medical necessity. In performing this review, ___ reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

I am the Secretary and General of ___ and I certify that the reviewing physician in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this care for determination prior to referral to the Independent Review Organization.

Information and medical records pertinent to this medical dispute were requested from the Requestor and every named provider of care, as well as from the Respondent. The independent review was performed by a matched peer with the treating health care provider. Your case was reviewed by a physician who is Board Certified in Pain Management and Neurology and is currently listed on the TWCC Approved Doctor List.

REVIEWER'S REPORT

Information Provided for Review:
TWCC-60, Table of Disputed Services, EOB's
Information provided by Requestor:

- letters of medical necessity 01/17 and 07/23/2004
- office notes 12/17/03 – 03/29/04
- physical therapy notes 01/19/04 – 05/05/04

Information provided by Respondent:

- correspondence
- required medical exam 01/26/04

Clinical History:
This claimant sustained a work-related injury on ___ in which she injured her head and neck. She has been having severe headache and neck pain with MRI showing a disc bulge in the cervical spine at the C5-C6 level that is mild. She had been treated with physical therapy as well as various medications including Midrin, Soma, Vicodin, and Ibuprofen. She has been treated with a muscle stimulator unit, which apparently has provided her with significant symptomatic relief per documentation by her treating doctor, as well as handwritten notes provided by the claimant herself. Of note, she indicates that she is better able to sleep at night, and it has helped with daytime physical activity as well. The notes that are available do not necessarily describe any reduction in the use of

analgesics as a result of the use of the unit, though this is presumed if there has, indeed, been a reduction in pain symptoms while using the muscle stimulator.

Disputed Services:
Purchase of an RS4i sequential 4-channel combination interferential and muscle stimulator unit.

Decision:
The reviewer disagrees with the determination of the insurance carrier and is of the opinion that purchase of an RS4i sequential 4-channel combination interferential and muscle stimulator unit is medically necessary in this case.

Rationale:
It is quite clear that this claimant has benefited from the use of this muscle stimulator device, which is considered quite safe, with no significant risks or any adverse events, side effects, etc. Both the physician involved her care as well as the claimant herself have clearly documented that she has benefited from this device, not only in reduction in pain, but with improvement in sleep, as well as in physical activity while awake, etc. In addition to any ongoing treatment plan to help this claimant recover from the ongoing symptoms from this injury, I believe that it would be medically reasonable to continue with the use of the stimulator indefinitely for all of these reasons.

We are simultaneously forwarding copies of this report to the payor and the Texas Workers' Compensation Commission. This decision by ___ is deemed to be a Commission decision and order.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of this decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings **within ten (10) days** of your receipt of this decision (28 Tex. Admin. Code 142.5©).

If disputing other prospective medical necessity (preauthorization) decisions a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings **within twenty (20) days** of your receipt of this decision (28 Tex. Admin. Code 148.3).

This Decision is deemed received by you **five (5) days** after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5 (d)). A request for a hearing should be sent to:

Chief Clerk of Proceedings
Texas Workers' Compensation Commission, MS-48
7551 Metro Center Dr., Ste. 100
Austin, TX 78744-1609

A copy of this decision should be attached to the request. The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute.

I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on October 11, 2004.

Sincerely,